



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

8402-35
REGION 6 SITE NUMBER (to be assigned by HQ) TX 3361

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

TXD 008 076846

A. SITE NAME: Texaco Chemical Company B. STREET (or other identifier): Old Asbestos landfill and Asbestos Pit area - Port Neches Plant

C. CITY: Port Neches D. STATE: TX E. ZIP CODE: 77651 F. COUNTY NAME: Jefferson

G. OWNER/OPERATOR (if known)
1. NAME: Art. W. Catanach, Supervisor Environmental Control 2. TELEPHONE NUMBER: 409-724-4797

H. TYPE OF OWNERSHIP
 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN

I. SITE DESCRIPTION: Two separate landfills were used from the late 1950's till the late 1970's for disposal of asbestos bearing materials. These two landfills are both owned by Texaco Chemical and are part of the Port Neches Plant. (see attached map)

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): Echardt List K. DATE IDENTIFIED (mo., day, & yr.): 12-14-79

L. PRINCIPAL STATE CONTACT
1. NAME: TDWR Region 6 Orange, Texas 2. TELEPHONE NUMBER: 409-883-2973

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
 1. HIGH 2. MEDIUM 3. LOW 4. NONE 5. UNKNOWN

B. RECOMMENDATION
 1. NO ACTION NEEDED (no hazard) 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____
 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 5-9-84 b. WILL BE PERFORMED BY: FIT
 4. SITE INSPECTION NEEDED (low priority)

SUPERFUND FILE
JAN 29 1993
REORGANIZED

C. PREPARER INFORMATION
1. NAME: Michael E. Benner, FIT 2. TELEPHONE NUMBER: 214-742-6601 3. DATE (mo., day, & yr.): May 8, 1984

III. SITE INFORMATION

A. SITE STATUS
 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)
 2. INACTIVE (These sites which no longer receive wastes.)
 3. OTHER (specify): _____ (These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?
 1. NO 2. YES (specify generator's four-digit SIC Code): 2911

C. AREA OF SITE (in acres): 14 (combined acreage)
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 29°57'44" N
2. LONGITUDE (deg.-min.-sec.): 95°56'04" W

E. ARE THERE BUILDINGS ON THE SITE?
 1. NO 2. YES (specify): _____

DATE 7/30/84

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IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
<input type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIGHTY DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

2. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Both landfills are inactive and closed. Both have been clay covered. Because of the discrepancies as to the location and nature of these fills a FIT inspection is recommended. (see V.4)

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE
 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

None

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Unknown	Unknown	Unknown	Unknown	2374	Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
				Tons	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) SICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS METALS WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS METALS WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS	Asbestos bearing materials.	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Asbestos

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

FIT inspections have been conducted on several landfills at the Texaco Plant. Some questions have arisen as to whether or not these particular landfills have or have not been inspected. These two are apparently the only two in question.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):	X			Unknown hazard potential

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

1. NPDES PERMIT 2. SPCC PLAN 3. STATE PERMIT (specify): _____
 4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER
 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER
 10. OTHER (specify): None

B. IN COMPLIANCE?

1. YES 2. NO 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- A. NONE B. YES (summarize below)

Unknown

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM, DAY, & YR)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

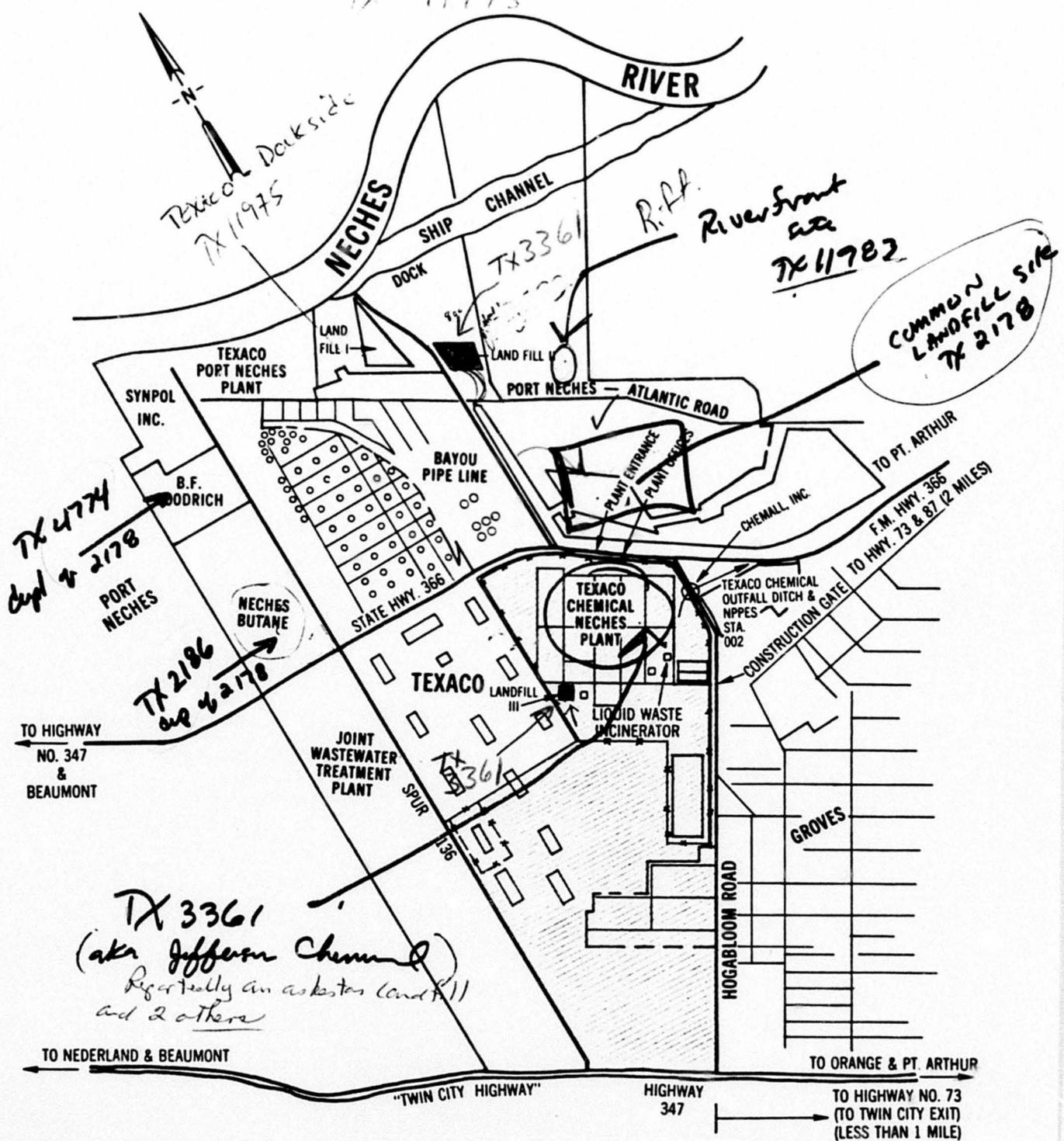
X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM, DAY, & YR)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

TEXACO DOCKSIDE
TX 11975



SCALE
1" ~ 2800'

FIGURE 1
GENERAL AREA MAP
TEXACO CHEMICAL COMPANY
PORT NECHES, TEXAS PLANT
September, 1980

Courtesy of Texaco Chemical Co.